

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011409

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1205

FILED MAR 19 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

54 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

TRINITY LUTHERAN HOSP.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

JACKSON

c. CITY

KANSAS CITY

Inside Limits

Yes ☒ No ☐

d. STREET

7431 Bellefontaine

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Vincent

Middle

R.

Last

Sylvester

4. DATE
OF
DEATH

Month

2

Day

27

Year

1962

5. SEX

MALE

6. COLOR OR RACE

CACH.

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-10-1918

9. AGE (last birthday)

44 YRS

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

ORDER KILLER

10b. KIND OF BUSINESS OR INDUSTRY

GROCERY WAREHOUSE

11. BIRTHPLACE (City and state or country)

KANSAS CITY MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

Albert Sylvester

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

FRANCES SYLVESTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes W.W.II

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

FRANCES SYLVESTER 7431 Bellefontaine

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Toxicemia

INTERVAL BETWEEN
ONSET AND DEATH

1 week

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Acute Pyelonephritis Left.

1 week

DUE TO (c)

Metastatic adenocarcinoma of colon & rectum ? 3 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Primary Undetermined

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Nov 1961

to

Feb 27-62

and last saw him alive on

Feb 26 1962

Death occurred at

9

A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John M. Powers, M.D.

22b. ADDRESS

9304 Linwood

22c. DATE SIGNED

2/28/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

3-1-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

23d. LOCATION (City, town, or county)

KANSAS CITY

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Muehlebach

6800 Troost

25. DATE RECD. BY LOCAL REG.

2-28-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

John M. Powers

Dr John Powers

3304 Linwood

WA 4-9244

1-5 P.M. Wednesday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Alfred H. Hammons

Student Embalmer No. 646

working under my personal supervision.

Student

Alfred H. Hammons
Signature of Student Embalmer

Signed

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.